

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 27

SUMMARY PAGE

1. NAME OF COMMITTEE				
Connecticut Citizen Action Group State PAC				
2. TREASURER NAME				
Title	First Steven	MI E.	Last Derby	Suffix
3. TREASURER ADDRESS				
Street Address 54 WHITE AVE		City WETS HARTFORD	State CT	Zip Code 06119
4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)			6. DISTRICT CODE (if applicable)
7. CANDIDATE NAME				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT				
7th Day Preceding General Election - Original				
9. PERIOD COVERED				
Beginning Date Ending Date				
10/01/2008 thru 10/21/2008				
10. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing SIGNATURE	JUDITH MASLEN PRINT NAME OF THE SIGNER		10/22/2008 DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Connecticut Citizen Action Group State PAC	Original 10/28/2008	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$353.04
12. Balance on hand at the beginning of Reporting Period	\$1,055.64	
13. Contributions received from Individuals (Section A and B)	\$205.00	\$2,142.50
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$540.00
15. Other Monetary Receipts (Section D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$205.00	\$2,682.50
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$1,260.64	\$3,035.54
19. Expenses Paid by Committee (Section P)	\$56.11	\$1,831.01
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$1,204.53	\$1,204.53
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$4,500.00	\$4,500.00
25a. + Loans Received (Section D)	\$0.00	\$5,050.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$0.00	\$550.00
25d. Total Outstanding Loan Amount	\$4,500.00	\$4,500.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE							FILING DUE DATE	
Connecticut Citizen Action Group State PAC							Original 10/28/2008	
A. Total Contributions from Small Contributors-Received this Period ONLY								
(See instructions for definition of Small Contributor)							Subtotal Section	
							\$0.00	
B. Itemized Contributions from Individuals								
Last Name Harmon		First Name John		MI	Name of Employer CCSU			Amount of Contribution
Residential Street Address 16 White Ave		City WEST HARTFORD		State CT	Zip Code 06119	Principal Occupation Professor		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 10/21/2008		Aggregate Contribution \$340.00	
								\$50.00
Last Name McKay		First Name Mary		MI N	Name of Employer			Amount of Contribution
Residential Street Address 8 Riverbend Dr		City MYSTIC		State CT	Zip Code 06355	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 10/21/2008		Aggregate Contribution \$100.00	
								\$25.00
Last Name Ashton		First Name Paul		MI	Name of Employer St of CT			Amount of Contribution
Residential Street Address 170 North St		City WILLIMANTIC		State CT	Zip Code 06226	Principal Occupation Case		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 10/21/2008		Aggregate Contribution \$150.00	
								\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/28/2008

B. Itemized Contributions from Individuals

Last Name Byrnes	First Name Pamela	MI	Name of Employer Self	Amount of Contribution					
Residential Street Address 50 South Washington Ave		City NIANTIC		State CT	Zip Code 06357	Principal Occupation Consultant			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative							
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 10/21/2008	Aggregate Contribution \$250.00			
									\$25.00

Last Name Doty	First Name Rebecca	MI M	Name of Employer self			Amount of Contribution
Residential Street Address 50 Sunrise Ridge		City ROCKFALL		State CT	Zip Code 06481	Principal Occupation Consultant
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 10/21/2008	Aggregate Contribution \$50.00	
\$25.00						

Total of Section B	\$205.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A & B)	(Total on Line 14 of Summary Page)	\$205.00
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I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Connecticut Citizen Action Group State PAC					Original 10/28/2008
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section L1? <div> Yes If yes, list Event # No </div>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE			FILING DUE DATE
Connecticut Citizen Action Group State PAC			Original 10/28/2008
C2. Reimbursements. Payments. or Surplus Distributions from other Committees			

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/28/2008

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 10/28/2008	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)					
Name					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Total of Section E					

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 10/28/2008
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)		
Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #	Date of Receipt	Amount
Total of Section F		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 10/28/2008
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)		
Date of Receipt	Amount	
Total of Section G		

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 10/28/2008
H. Personal Funds of the Candidate Received this Period (<i>Candidate Committees ONLY</i>)		
Date Received	Amount	Method of Payment Cash Personal Check Credit/Debit Card
Total of Section H		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

FILING DUE DATE

Connecticut Citizen Action Group State PAC

Original 10/28/2008

I. Anonymous Contributions

Date Received

\$ 1 bills

\$ 5 bills

\$ 10 bill

coins

Amount

Total of Section I

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Connecticut Citizen Action Group State PAC				Original 10/28/2008
J. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Amount Received
Street Address	City	State	Zip Code	
Total of Section J				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/28/2008

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 10/28/2008	
L1. Fundraiser Event Information					
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
<i>Subpart 1: (All Committees)</i>					
Was this fundraising event hosted at a personal residence?			Yes	No	<i>If yes, go to Section L4</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	<i>If yes, go to Section L4</i>
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	<i>If yes, go to Section L2</i>
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>					
Were there purchases of advertising space in a program book associated with this fundraiser?			Yes	No	<i>If yes, go to Section L3</i>
<i>Subpart 3: (Town Committees ONLY)</i>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			Yes	No	<i>If yes, enter Total Receipts from small purchases</i>
Total of Section L1					

II. FUNDRAISING EVENT ACTIVITY							
NAME OF COMMITTEE						FILING DUE DATE	
Connecticut Citizen Action Group State PAC						Original 10/28/2008	
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Name of the Purchaser <i>(Individuals ONLY)</i> Last Name		First Name		MI	Method of payment: Cash Personal Check Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code	Date Received Event #	
Items Purchased							
Total of Section L2							

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/28/2008	
L3. Purchases of Advertising in a Program Book (<i>Municipal Candidate and Town Committees ONLY</i>)						
Name of Purchaser			for All Events		Business Entity	
					<div>Yes</div> <div>No</div>	
Event #		Date Received		Amount of Purchase		
Street Address		City		State		Zip Code
						Aggregate Purchases for All Events
Total of Section L3						

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/28/2008

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation given by:	Fair Market Value of Donation
				Individual Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of Donation		Date Received		Event #	

Total of Section L4	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE

FILING DUE DATE

Connecticut Citizen Action Group State PAC

Original 10/28/2008

M. In-Kind Contributions

Name				Type of Contributor: Individual Committee Other	Fair Market Value of this Contribution
Street Address		City			
State	Zip Code	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more Yes No		Date Received	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Is contributor a principal of state contractor or prospective state contractor? Yes No			
Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event#		Description of In-Kind Contribution		Aggregate contributions	
Total of Section M					

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/28/2008

N. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Residential Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section N				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 10/28/2008	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section O					

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 10/28/2008

P. Expenses Paid By Committee

Name of Payee		Date of Payment		Method of Payment		Amount
Global Payments		10/02/2008		<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure (bv code)		
10705 Red Run Blvd	OWINGS MILLS	MD	21117	BNK	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$44.11	

Name of Payee		Date of Payment		Method of Payment		Amount
Webster Bank		10/15/2008		<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure (bv code)		
1 Webster Plaza	WATERBURY	CT	06720	BNK	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$12.00	

Total of Section P

\$56.11

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/28/2008	
Q. Campaign Expenses Paid By Candidate						
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment	Purpose of Expenditure (by code)	Is Reimbursement Claimed? Yes No	Amount
Street Address	City		State	Zip Code	Event #	
Description						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Connecticut Citizen Action Group State PAC						Original 10/28/2008	
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American Express </div> <div style="text-align: center; margin-top: 5px;">Other</div>			
Name of Vendor			Purpose of Expenditure (by code)		Date of Transaction		Amount
Street Address		City		State	Zip Code	Event #	
Description							
Total of Section R							

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 10/28/2008	
S. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Event #	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)		
Description						
Type of Expenditure (if applicable)		Candidate(s) Name (if applicable)		Office Sought	Supported Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E						
Total of Section S						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE			
Connecticut Citizen Action Group State PAC					Original 10/28/2008			
T. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant				Date of Payment		Method of Payment Check #	Amount	
Secondary Payee				Purpose of Expenditure				Debit Card
Street Address			City			State		Zip Code
Description								
Type of Expenditure (<i>if applicable</i>) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (<i>see Instructions</i>) A B C D E		Other Candidate(s) Name		Office Sought		Supported Opposed		
Total of Section T								